

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009989

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 305

STATE FILE NUMBER

FILED MAR 19 1962

VS 300  
Rev. 4/59

15117

20320

3

4 0

5 1

6

7 0

8 2

9446X

10

11

12 2-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF J.N. MARTIN, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 24 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo Meth. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Commodore Jefferson Ott		4. DATE OF DEATH Month Day Year March 9 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/4/76
9. AGE (last birthday) 85 yrs		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY self-employed	
11. BIRTHPLACE (City and state or country) Helena, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas Ott		13b. MOTHER'S MAIDEN NAME Elizabeth Zimmer	
14. NAME OF HUSBAND OR WIFE Laura Ott		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Lee Ott	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Renal Insufficiency</i> DUE TO (b) <i>Nephrosclerosis</i> DUE TO (c) <i>Generalized Arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <i>Benign Prostatic Hypertrophy</i>		INTERVAL BETWEEN ONSET AND DEATH 3 Days 5 yrs. 5 yrs.	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>13 Feb 62</i> to <i>9 Mar 62</i> and last saw her alive on <i>9 Mar 62</i> Death occurred at <i>11 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>J.N. Martin M.D.</i> (Degree or title)	
22b. ADDRESS <i>706 Francis St. Joseph, Mo</i>		22c. DATE SIGNED <i>18 Mar 62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>March 11, 62</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Oakgrove</i>		23d. LOCATION (City, town, or county) (State) <i>S.E. Union Star, Missouri</i>	
24. FUNERAL DIRECTOR <i>Roland D. Clark</i> ADDRESS <i>King City, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Mar. 15, 1962</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Roland D. Clark*

Licensed Embalmer No. \_\_\_\_\_

*4477*

P. O. Address \_\_\_\_\_

*King City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.